

Workshop Summary  
U.S. Department of Health & Human Services  
Agency for Healthcare Research and Quality (AHRQ)  
Addressing Health Disparities Workshop  
September 15-17th, 2003

On September 15-17 a team representing Washington State attended a Workshop on Addressing Health Care Disparities held by AHRQ in New Orleans. The team consisted of Dr. Nancy Fisher MD, MPH, HCA, Medical Director, Dr. Nancy Anderson MD, MPH, MAA, Medical Epidemiologist; and Maria Gardipee, Office of the Secretary, DOH Multicultural Coordinator and Tribal Liaison. AHRQ provided scholarship funding for 20 state teams to attend. In total 22 States and American Samoa were present at the workshop.

**Overview:**

The Agency for Health Care Quality and Research (AHRQ) is the federal agency, recommended by the Institute of Medicine (IOM) 2002 National Health Care Disparities report, to pursue initiatives to decrease the prevailing disparities in health care delivery as it relates to racial/ ethnic and socioeconomic factors in priority populations. Priority populations include: Low income, Minority groups (Native Americans, Asian, Black/African American, Native Hawaiians/ Pacific Islanders and Hispanic); Women; Children; Elderly and Individuals with special health care needs.

This fall, at the request of the U.S. Congress, the Federal Department of Health and Human Services (DHHS) will submit the first annual "National Healthcare Disparities Report." AHRQ has lead responsibility within DHHS for the preparation of this report. It is anticipated that the problem of inequalities in health care affecting racial and ethnic populations is likely to gain considerable public attention with the release of this report.

**Meeting Summary**

Much concern was expressed about existing health care disparities during the workshop and discussions were centered within the context of well-documented differences in health status across racial and ethnic groups.

Essentially this documentation underscores that while underlying social and economic factors contribute to health status disparities, a disturbing reality is that, even after accounting for access-related differences, such as insurance status or income, our Nation's health care system **tends to provide racial and ethnic minorities a lower quality of health care** than non-minorities. This problem was well documented in a recent IOM report entitled "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care."

**Examples of Disparities:**

- Vietnamese women in the US have a 5 times higher risk for cervical cancer than white women.
- Cancer deaths among Latinos and blacks are disproportionately high.
- Minorities are less likely to be tested routinely for cancer.
- Native Americans have higher rates of diabetes and heart disease.

- African American diabetics are 7 times more likely to have amputations than white diabetics.
- Minorities are less likely to be immunized.
- Flu shot vaccination rates for Medicare reveals a 22% gap between Whites and African Americans.
- Referrals for cardiac catheterization is 40% less likely for Black males and white females, and 60% less likely for Black females as compared to white males.

Contributing factors include; bias, stereotyping, mistrust of the medical system, miscommunication, poor access, limited English proficiency, clinical bureaucracy, treatment refusal.

As noted above, these differences were found to exist after taking into account other factors such as clinical differences, income, and insurance coverage. Therefore, disparities should be of great concern to State and local health policymakers for several reasons:

- From the perspective of State and local governments' role as a purchaser of health care through Medicaid, SCHIP and other similar programs, these findings raise serious **concerns about the quality of care** being purchased and **the value received for expenditures** made under these programs.
- From a programmatic perspective, it is important to understand the nature of such disparities **in designing effective approaches** to delivering needed care to racial and ethnically diverse populations; and
- From a broad societal perspective, these disparities provide **evidence of significant inequities** within our health care delivery system – **inequities that adversely affect the health status** of populations that public policy seeks to protect.

The overall goal of the workshop was to help senior State health officials make more informed decisions concerning the development and implementation of effective programs and policies to address racial and ethnic health care disparities within their jurisdictions.

Through presentations by State, Private Industry, and Purchasers, attendees learned about promising programmatic and policy approaches being pursued by particular States, communities, health plans and other organizations across the country to address disparity issues and quality improvement efforts.

### **Recommendations:**

It is prudent for states and state agencies to be prepared to respond to inquiries resulting from the release of the "National Healthcare Disparities Report." It is also timely to evaluate "What disparities look like in our state" in order to begin (or improve) development of effective programs and policies that address racial and ethnic health care disparities.

Regardless of efforts that agencies decide to pursue, they should be carried out individually and collaboratively between the three agencies because of the interrelated affects and jurisdictions of each agency.

Given diminishing resources, escalation of health care costs and continued health disparities in our increasing racial and ethnically diverse populations, opportunity may exist to positively affect each of these areas through evidence based decision making.

The Team's recommended goal is to focus on addressing health disparities and cultural competency using existing state health agency collaboration to ensure that State residents receive the highest quality, evidence based care.

Washington State Team proposed course of action;

- Brief Washington State leadership
  - A. DOH/HCA/DSHS
  - B. Governor's Policy Staff
  - C. Interested Senators and Legislative staff
  - D. Other key leadership
- Develop a State strategic direction focusing on disparities and cultural competency.
  - A. Recommend development of a "state level" effort focusing on issues of disparities, multicultural issues, diversity etc. through strengthened collaboration.
  - B. Facilitate awareness of health disparities issues at state agency and intra-agency levels, including, but not limited to;
    - 1. Quality issues – include licensing requirements, medical care, effectiveness of public health services, staff cultural competence and may require inclusion of cultural competency/diversity/health disparities training as a continuing education requirement for licensure, medical education training for professional interpreters
    - 2. Risk management issues – include liability, malpractice and miscommunication issues and may require maintaining or developing interpreter/translation capacity.
    - 3. Safety issues – include increasing concern about appropriate diagnosis, treatment/medication, provider/appropriate level of care and medical errors.
    - 4. Utilization issues – include a growing concern regarding the appropriate level of care, over/under utilization issues which already demand improvements and appropriate use of health care services by clients (i.e. demand for ER visit).
    - 5. Cost issues – data now exist that validate the cost efficacy of targeted approaches.
    - 6. Education needs – the public, providers, physicians, clients and other health and public health entities should be knowledgeable and engaged in finding solutions. Cultural diversity training as a continuing education requirement for licensure (etc.) and medical education training for professional interpreters may be a method for informing health and public health personnel.
    - 7. Purchasing – there are a variety of incentives and/or criteria that state purchasers can include in RFP's that are known to be effective in addressing health disparities.
  - C. Assess and evaluate accuracy of available data related to health disparities and health status to strengthen quality initiatives
    - 1. Evaluate existing data sources by demographic and health conditions.
      - a) Include purchasing and non purchasing information; perinatal indicators, CHARS, BRFSS, child death etc.

- b) Assess availability of demographic, race, ethnicity and language information.
- c) Improve minority specific data collection.
- 2. Use information to monitor programs; all MCO's, FFS, etc.
- 3. Generate and present community-level health profiles by zip code for race/ethnicity minority communities where zip codes = high % of racial/ethnically diverse minority, including;
  - a) MAA claims and encounters for school-aged kids.
  - b) Perinatal health indicators (Chars; BCHP, BRFSS, BHP, Other DOH?).
  - c) Other MAA claims/encounter data.
  - d) Present data/information from all three agencies to the community.

This report will be forwarded to OFM, appropriate state agencies and other interested parties for additional discussion and comment. It is recommended that an assessment of intersects between these recommendations, the Governor's priorities and recent health disparities legislative activity be accomplished. Additionally, an evaluation to access the most appropriate lead for this effort should be initiated.